NAL TRANSFER REQUEST FOR S.N. JOHN (207760 (print name) 30MA401 FROM: MIE REASON(S): (check box) A. You had Parent FORWARD TO: (check box) B. See Title 2634 A. Art Unit: (check box) 375 C. See Abstract B. Class: 272. D. See Claim(s): C Subclass: claims directed to a DMT transmiller FURTHER EXPLANATION IF NEEDED: (print name) FRÖM: DATE: REASON(S): (check box) A. You had Parent I DRWARD TO: (check box) B. See Title A. Art Unit: (check box) C. See Abstract B. Class: D. See Claim(s): C Subclass: FURTHER EXPLANATION IF NEEDED: (print name) FROM: DATE: REASON(S): A. You had Parent (check box) FORWARD TO CLASSIFIER B. See Title (check box) (check box) C. See Abstract D. See Claim(s): FURTHER EXPLANATION IF NEEDED: **DISPOSITION BY 2700 CLASSIFICATION** CLASSIFIER: DATE: REASON(S): A. You had Parent (check box) FORWARD TO: B. See Title (check box) A. Art Unit: (check box) C. See Abstract B. Class:

D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

C Subclass: